



UNIFIED PROGRAM CONSOLIDATED FORM
CERTIFICATION OF FINANCIAL ASSURANCE
(For Permit By Rule and Conditionally Authorized Onsite Treaters)

PAGE ___ OF ___

☐ a. INITIAL CERTIFICATION

☐ b. AMENDED CERTIFICATION

☐ c. ANNUAL CERTIFICATION

700

I. FACILITY IDENTIFICATION

(Put an asterisk in the left margin next to the amended information.)

DBA/FACILITY NAME

Electronic Chrome & Grinding Co. Inc.

3

FACILITY ID #

CAD008391427

1 EPA ID #

2

TYPE OF OPERATION

☐ a. PBR-FTU

☒ b. CA

☐ c. OTHER

701

II. ESTIMATED CLOSURE COSTS

NOTE: In addition to the dollar figure below, a written estimate of closure costs must be attached when you submit this section of the form

702

ESTIMATED CLOSURE COSTS \$

III. EXEMPTION FROM FINANCIAL ASSURANCE REQUIREMENTS

☒ 1. I am not required to provide a mechanism because:

703

a. I certify that my closure cost estimate is less than or equal to \$10,000 and that sufficient resources are available to fund closure.

704

b. Specify other reason

☐ 2. As a PBR owner or operator, I have not operated more than thirty days in a calendar year.
(Does not apply to Conditional Authorization)

705

IV. CLOSURE FINANCIAL ASSURANCE MECHANISM

☐ I am required to provide a mechanism and it is attached to this form.
Effective Date of Closure Assurance Mechanism

706

MECHANISM ID. NO. (s)

708

707

MECHANISM TYPE (Check one item only)

709

☐ a. CLOSURE TRUST FUND

☐ d. CLOSURE INSURANCE

☐ g. MULTIPLE FINANCIAL MECHANISM

☐ b. SURETY BOND

☐ e. FINANCIAL TEST AND CORPORATE GUARANTEE

☐ h. CERTIFICATE OF DEPOSIT

☐ c. CLOSURE LETTER OF CREDIT

☐ f. ALTERNATIVE MECHANISM

☐ i. SAVINGS ACCOUNT

FINANCIAL INSTITUTION, INSURANCE OR SURETY COMPANY/OTHER ORGANIZATION

710

ADDRESS

711

CITY

712

STATE 713

ZIP

714

V. OWNER OR OPERATOR CERTIFICATION

Is the signer of this certification the:

☒ a. Owner

☐ b. Operator

715

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. (22 CCR Section 66270.11)

Mike Reed

717

Vice President/General Manager

718

NAME OF OWNER/OPERATOR

TITLE OF OWNER/OPERATOR

716

Mike Reed

SIGNATURE

2-13-07

DATE

OFFICIAL USE ONLY

DATE REC'D

STATE

DISTRICT

CUPA

PA

INSTRUCTIONS FOR COMPLETION OF THE UNIFIED PROGRAM CONSOLIDATED FORM

CERTIFICATION OF FINANCIAL ASSURANCE

This form is to be used by an owner or operator of a Fixed Treatment Unit operating under Permit By Rule (PBR), or a generator operating pursuant to a grant of Conditional Authorization (CA). Permit by Rule (PBR) and Conditionally Authorized (CA) operations are required to provide financial assurance for closure costs (22 CCR Section 67450.13(b) and Health and Safety Code Section 25245.4.). However, some operations may be eligible for an exemption from financial assurance requirements (review Section III of this form for further details).

After completing the form, retain a copy for your records and submit the original signed form along with the financial assurance mechanism to the CUPA.

TYPE OF CERTIFICATION Check at the top of the first page whether this is an initial certification, an amendment to an existing certification, or an annual certification. If this is an amendment to an existing certification, place an asterisk in the left margin next to the amended information.

1. **FACILITY ID NUMBER** If known, enter your facility's ID number. Otherwise, leave this box blank. This number is assigned by the CUPA and identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
700. **TYPE OF CERTIFICATION**
701. **TYPE OF OPERATION** Indicate the type of onsite treatment operation. If the treatment unit is other than a Fixed Treatment Unit (FTU) operating under the PBR or CA tier, list the type of operation and the treatment tier.
702. **ESTIMATED CLOSURE COSTS** The regulations require the owner/ operator to prepare a written estimate of the cost of closing each treatment unit. The estimated closure cost may be either the actual cost or the costs estimated by you when using your own staff and/or personal equipment. The closure cost estimate may take into account any salvage value thbed in section 66265.143(d); DTSC Form 1158
5. A financial test and corporate guarantee for closure, as described in section 66265.143(e); elion II and you may qualify for an exemption (see section III.B of the instructions.) If eligible for the exemption, enter "EXEMPT" in section II.

DTSC guidance advises attaching a detailed closure cost estimate that documents the cost shown in this section. Attachments could either be original document(s) used to satisfy the closure estimate requirement or a detailed closure estimate using the DTSC prepared model as follows:

ACTIVITY	COST
1. Removal of Waste	\$ _____
2. Removal of Soil	\$ _____
3. Demolition and Removal of Containment System	\$ _____
4. Transportation	\$ _____
5. Treatment and Disposal	\$ _____
6. Sampling and Analysis	\$ _____
7. Certification of Closure (if necessary)	\$ _____
8. Other Expenses (specify)	\$ _____
9. Less Assets (Net property or equipment value)	-\$ _____

TOTAL COST OF CLOSURE \$ _____

703. **EXEMPTION: CLOSURE COSTS** Check this box if you claim an exemption from financial assurance for closure cost estimates equal to or less than \$10,000.
704. **EXEMPTION: OTHER** Specify the other reason if you claim an exemption from financial assurance and reference the applicable statute or regulation granting the exemption.
705. **EXEMPTION: PBR UNITS** Check this box if you claim an exemption from financial assurance as an owner or operator of a PBR unit which operated no more than 30 days in a calendar year.
706. **MECHANISM REQUIRED** Check this box if your onsite treatment requires financial assurance and attach a copy of the mechanism to the form.
707. **EFFECTIVE DATE OF MECHANISM** Indicate the effective date of the financial assurance mechanism.
708. **MECHANISM ID. NO.** If applicable, indicate the number of the closure assurance mechanism; for example, the insurance policy number.
709. **TYPE OF MECHANISM** Check the appropriate box to indicate the type of financial mechanism established to provide the closure cost assurance. Eligible types are contained in 22 CCR

§67450.13(a)(5). They are:

1. A closure trust fund, as provided in section 66265.143(a); DTSC Form 1154
2. A surety bond guaranteeing payment into a closure trust fund, as described in section 66265.143(b); either DTSC Form 1155 or 1156 with DTSC Form 1154
3. A closure letter of credit, as described in section 66265.143(c); DTSC Form 1157
4. Closure insurance, as described in section 66265.143(d); DTSC Form 1158
5. A financial test and corporate guarantee for closure, as described in section 66265.143(e); either DTSC Form 1159 or 1173
6. An alternative mechanism for closure costs, as described in section 67450.13(c); (no form)
7. Use of multiple financial mechanisms for closure costs, as described in section 66265.143(g); (no form)
8. A certificate of deposit, as described in section 3-104(2)(c) of the Uniform Commercial Code; (no form) or,
9. A savings account, as described in section 4-104(a) of the Uniform Commercial Code; (no form).

These mechanisms require use of the additional DTSC Financial Assurance forms referenced above. These forms are available from the CUPA or the DTSC Regional Office.

710. **SURETY NAME** Enter the name and address of the financial institution, insurance company, surety company, or other appropriate organization used to establish the closure financial assurance. Indicate your company if you are using a corporate guarantee and financial test.

711. **SURETY ADDRESS**

712. **SURETY CITY**

713. **SURETY STATE**

714. **SURETY ZIP**

715. **CERTIFICATION TITLE** Check the appropriate box to indicate whether the person certifying is the owner or operator of the facility.

SIGNATURE The person signing this form must be an owner or officer of the company who is authorized to make decisions for the facility and who has operational control. The authorized signatory must be completed as specified in 22, CCR, § 66270.11. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriate authorized person is signing for the company. Original signatures are required on all documents submitted.

716. **CERTIFICATION DATE** Indicate the date the form was signed.

717. **CERTIFICATION NAME** Indicate the name of the person who signed the form.

718. **OWNER/OPERATOR TITLE** Indicate the title of the person who signed the form.



UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION
UNIT INFORMATION
(One form per unit)

PAGE 2 OF 3

FACILITY ID #:
CAD008391427

BUSINESS NAME:
Electronic Chrome & Grinding, Co. Inc.

3

I. TREATMENT UNIT

UNIT ID NUMBER 001	UNIT TYPE/TIER <input type="checkbox"/> a. CESQT <input checked="" type="checkbox"/> b. CA <input type="checkbox"/> c. CEL <input type="checkbox"/> b. CESW <input type="checkbox"/> d. PBR	NUMBER OF TANKS 10	NUMBER OF CONTAINERS/ TREATMENT AREAS 0
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UNIT NAME: Chrome Reduction Unit	MONTHLY TREATMENT VOLUME 1500	UNITS OF MEASURE <input type="checkbox"/> A. Pounds <input checked="" type="checkbox"/> B. Gallons
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SPECIFIC WASTE TYPE TREATED (narrative)
Hexavalent Chrome Reduction

TREATMENT PROCESS DESCRIPTION (narrative)
ph adjustment, chrome reduction, coagulation/flocculation
gravity settling & filter press.

(Note: For each treatment unit, complete and attach the appropriate waste and treatment process combinations page).

II. BASIS FOR NOT NEEDING FEDERAL PERMIT (check all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> a. The treated waste is not a hazardous waste under federal law (California only waste) | <input type="checkbox"/> e. Federal conditionally exempt small quantity generator (generates 100 kg or approximately 27 gallons) or less of hazardous waste in a calendar month. |
| <input type="checkbox"/> b. Treated in waste water treatment units (tanks) and discharged to a publicly owned treatment works (POTW)/sewerage agency or under an NPDES permit. | <input type="checkbox"/> f. Treatment in an accumulation tank or container within 90 days for over 1000 kg/month generators and 180 or 270 days for generators of 100 to 1000 kg/month. |
| <input type="checkbox"/> c. Treatment in elementary neutralization units. | <input type="checkbox"/> g. Recyclable materials are reclaimed to recover silver or other precious metals |
| <input checked="" type="checkbox"/> d. Treatment in a totally enclosed treatment facility. | <input type="checkbox"/> h. Empty container rinsing and/or treatment. |
| <input type="checkbox"/> i. Other (specify) _____ | |

III. RESIDUALS MANAGEMENT DESCRIPTION (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> a. Discharge non-hazardous aqueous waste to POTW or sewer | Residual hazardous waste hauled offsite by a registered hauler |
| <input type="checkbox"/> b. Discharge non-hazardous aqueous waste under a NPDES permit | |
| <input type="checkbox"/> c. Dispose of non-hazardous solid waste residues at an offsite location | |
| <input type="checkbox"/> d. Offsite recycling | |
| <input type="checkbox"/> e. Thermal treatment | |
| | <input checked="" type="checkbox"/> f. Disposal to land |
| | <input type="checkbox"/> g. Further treatment |
| | <input checked="" type="checkbox"/> h. Other method of disposal (describe below)
Reuse wastewater |

SECONDARY CONTAINMENT - DATE INSTALLED (IF REQUIRED)
Included in original installation.

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DATE REC'D	STATE	DISTRICT	CUPA	PA
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**INSTRUCTIONS FOR COMPLETION OF THE UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - UNIT INFORMATION**

Please provide notification information for each unit operating at this facility. Commercial Laundries are not required to complete a Unit Specific notification form provided laundering is the only hazardous waste treatment activity conducted by the facility. Waste streams and treatment technology combination certified by DTSC are eligible for authorization under PBR, CA, and CE. The form guidance lists the waste stream and technology combinations certified by DTSC pursuant to Section 25200.1.5 of the Health and Safety Code for authorization under an onsite treatment tier and indicates the appropriate tier for each.

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by the CUPA and identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.

I. Treatment Unit

606. **UNIT ID NUMBER** Provide a name and a unique number for each unit. The units can be numbered sequentially, i.e., 1,2,3 or using any other system as long as the numbers are not repeated or duplicated. All unit numbers must be clearly labeled on your plot plan/map.
607. **UNIT TYPE (TIER)** Check the appropriate box to indicate the Unit type (tier).
608. **NUMBER OF TANKS** Indicate the number of tanks used in the unit. Tank means a stationary device, designed to contain an accumulation of hazardous waste which is constructed primarily of non-earthen materials (e.g., wood, concrete, steel, plastic) which provides structural support (22 CCR Section 66260.10).
609. **NUMBER OF CONTAINERS/ CONTAINER TREATMENT AREAS** Indicate the number of containers/ container treatment areas used in the unit. Container means any device that is open or closed, and portable in which a material can be stored, handled, treated, transported, recycled, or disposed of (22 CCR Section 66260.10). Container Treatment Area is the location set aside and used to treat containers, such as drums.
610. **UNIT NAME** Indicate the name of the treatment unit. A treatment unit is defined as a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked so as to form one treatment system.
611. **TREATMENT VOLUME (PER MONTH)** Indicate the estimated monthly total volume of hazardous waste treated or stored in each unit. If the volume fluctuates significantly by month, enter the maximum or highest volume treated or stored in any month.
612. **TREATMENT VOLUME UNIT OF MEASURE** Indicate whether the treatment volume unit of measure is pounds or gallons.
613. **SPECIFIC WASTE TYPE TREATED** Provide a brief description of the specific waste type(s) treated. For example, if your waste qualifies as an aqueous waste with metal or organics, this is where you should indicate the specific metals or organics.
614. **TREATMENT PROCESS DESCRIPTION** Provide a brief description of the treatment process(es) used.

II. Basis For Not Needing a Federal Permit

615. **WASTEWATER TREATMENT UNIT, ELEMENTARY NEUTRALIZATION UNIT, TOTALLY ENCLOSED TREATMENT FACILITY, AND NPDES PERMIT.** Please check the box(es) for the reason(s) that best describe why your onsite treatment unit(s) do not need a federal hazardous waste permit. You must indicate at least one reason to prove your eligibility for the onsite treatment tiers. If you are unsure how these exemptions apply to your operation, you can contact your CUPA, the DTSC Regional Office closest to you, the U.S. EPA's Region IX RCRA Information Line at (415) 744-2074, or the U.S. EPA RCRA Hotline at (800) 424-9346.

On the form, the eight most common reasons for not needing a federal permit are listed. There is also a space remaining for you to specify another reason and its citation. The following terms used on the form are defined in Title 40, Code of Federal Regulations (CFR) 260.10:

- ▶ **wastewater treatment unit** means a device which (1) is part of a wastewater treatment facility regulated under section 402 or 307(b) of the Clean Water Act, and (2) receives and treats or stores an influent wastewater that is a hazardous waste or that generates and accumulates a wastewater treatment sludge that is a hazardous waste or that treats or stores a wastewater treatment sludge which is a hazardous waste, and (3) meets the definition

of tank or tank system.

elementary neutralization unit means a device which: (1) is used for neutralizing wastes that are hazardous only because they exhibit the corrosivity characteristic or they are listed only for this reason; and (2) meets the definition of tank, tank system, container, transport vehicle, or vessel.

totally enclosed treatment facility means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment.

NPDES permit: A permit issued by a regional water board allowing discharge of waste to the environment under the National Pollutant Discharge Elimination System (NPDES).

III. Residuals Management

616. **RESIDUALS MANAGEMENT** Indicate the method of residual material that best describes your facility.
617. **SECONDARY CONTAINMENT** Indicate the date the secondary containment was installed.



UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION
FACILITY INFORMATION

PAGE ____ OF ____

I. FACILITY IDENTIFICATION

DBA/FACILITY NAME ELECTRONIC CHROME & GRINDING CO., INC.	FACILITY ID # CAD 008391427
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II. STATUS

NOTIFICATION STATUS <input checked="" type="checkbox"/> a. Amended <input type="checkbox"/> b. Initial <input type="checkbox"/> c. Renewal (PBR only)	600 PERMIT STATUS (check all that apply) <input type="checkbox"/> a. Facility Permit <input type="checkbox"/> b. Interim Status <input type="checkbox"/> c. Standardized Permit <input type="checkbox"/> d. Variance <input type="checkbox"/> e. Consent Agreement	601
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III. NUMBER OF UNITS AT FACILITY

(Indicate the number of units you operate in each tier)

a. <u>0</u> Conditionally Exempt-Small Quantity Treatment (CESQT-may not function under another tier)	602
b. <u>0</u> Conditionally Exempt-Specified Wastestream (CESW)	
c. <u>1</u> Conditionally Authorized (CA)	
d. <u>0</u> Permit by Rule (PBR)	
e. <u>8</u> Conditionally Exempt-Limited (CEL)	
f. <u>1</u> Conditionally Exempt-Commercial Laundry (CE-CL) (No unit form required)	
g. <u> </u> TOTAL UNITS	

IV. CERTIFICATION AND SIGNATURE

Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Tiered Permitting Certification I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF OWNER/OPERATOR <i>Mike Reed</i>	DATE <i>2-13-07</i>	603
NAME OF OWNER/OPERATOR <i>Mike Reed</i>	604 TITLE OF OWNER/OPERATOR <i>Vice President, General Manager</i>	605

REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only) ☐ YES ☒ NO
STATE REASON FOR REQUEST

V. ATTACHMENTS Enclose one Unit Specific Notification Form for each unit (all tiers except CE-CL)

ALL tiers except CE-CL: <input checked="" type="checkbox"/> 1 One unit specific notification page and one treatment process page per unit.. <input checked="" type="checkbox"/> 2 Plot Plan (or other grid/map)	PBR & CA ONLY: <input checked="" type="checkbox"/> 1. Closure Financial Assurance (DTSC form 1232). <input checked="" type="checkbox"/> Self Certified (< \$10,000) <input type="checkbox"/> Other mechanism <input type="checkbox"/> Previously submitted <input type="checkbox"/> 2. Prior enforcement history, if applicable.	PBR ONLY: <input type="checkbox"/> 1. Tank and container certifications, if required. <input type="checkbox"/> 2. Local agency notification. <input type="checkbox"/> 3. Notification of property owner, if different from the business owner.
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DATE REC'D	STATE	DISTRICT	CUPA	PA
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**INSTRUCTIONS FOR COMPLETION OF THE UNIFIED PROGRAM CONSOLIDATED FORM
ON-SITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY INFORMATION**

This form is to be used by generators performing treatment of hazardous wastes at the site where the waste is generated. It is limited for use by generators that are eligible under Conditional Exemption or Conditional Authorization and facilities operating Fixed Treatment Units (FTUs) under Permit by Rule (PBR). These are three of the five permitting tiers available under the Tiered Permitting system established by Assembly Bill 1772 (Ch. 1345, 1992).

You must complete one facility form (Onsite Hazardous Waste Treatment Notification- Facility Section (formerly DTSC form 1772)) for each facility, and attach one unit specific form (Onsite Hazardous Waste Treatment Notification- Unit Section (formerly DTSC form 1772)) for each treatment unit at this location. Please verify that all pages are numbered sequentially and indicate the total number of pages in this notification package.

For onsite treatment notification purposes, a treatment unit is defined as: *a combination of tanks or tank systems and/or containers located together that are used in sequence to treat one or more compatible hazardous waste streams. The devices are either plumbed together or otherwise linked so as to form one treatment system.*

If you are not sure which tier or tiers apply to your operations, you should refer to the DTSC Onsite Tiered Permitting Flow Chart, which graphically displays the eligible wastestreams and treatment processes by tier.

1. **FACILITY ID NUMBER** Enter your Facility ID number, if known. Otherwise, leave this blank. This number is assigned by the CUPA. This is the number which identifies your facility.
3. **BUSINESS NAME** Enter the full legal name of the business.
600. **NOTIFICATION STATUS** Indicate whether this notification is your Initial notification under the new Tiered Permitting system or if it is a subsequently Amended notification.
601. **PERMIT STATUS** Check the appropriate box to indicate the status of the permit.
602. **NUMBER OF UNITS** For each of the four permitting tiers or categories listed, indicate the number of units you operate at this facility location. The number of unit specific notifications you attach to this form should equal the number of units you list here.

IV. CERTIFICATIONS

The person signing this form must be an owner or officer of the company who is authorized to make decisions for the facility and who has operational control. In most companies, this is not the environmental compliance or technical staff. The title should indicate that an appropriately authorized person is signing for the company. Original signatures are required on the copy submitted to the CUPA.

You are signing the certifications and attesting to their accuracy under penalty of law for submitting false information. The certifications cover waste minimization, the eligibility of the unit(s) for the indicated tier, the fact that the unit meets all of the operating requirements for that tier, and that the information is accurate. These operating requirements are set forth in the statutes and regulations.

603. **CERTIFICATION DATE** Indicate the date the form was signed.
604. **NAME** Indicate the name of the authorized person who signed the form.
605. **TITLE** Indicate the title of the authorized person.

Requesting A Shortened Review Period:

Generators operating under CA and CE are legally authorized 60 days after submitting a complete notification. DTSC may shorten the time period between notification and authorization when the owner or operator shows a good cause. If you need to be authorized sooner than the standard 60-day period, please check the box below and state your reason. Your authorization will be automatically effective on the date your completed notification form is received by the CUPA. (Use additional sheets, if necessary to explain your reasons.)

V. ATTACHMENTS

NOTE: Commercial Laundries are not required to provide attachments.

1. A plot plan or map detailing the location or locations of the unit or units at this facility. This document is for use by the inspector. Clearly indicate the facility boundaries and major features. The extent or detail of the plot plan will vary depending on the size of your facility, the extent of your industrial operations, and the number of treatment units. If you have prepared a diagram for your hazardous materials business plan (required by title 19 CCR), you may use that as long as it indicates the unit numbers for units covered by this notification.
2. You must attach a unit specific notification for EACH unit covered by this notification. Please verify that the number of unit notifications is the same as the number of units listed on the Facility Section of this form.

UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING
CONDITIONALLY AUTHORIZED (CA) PAGE
WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply))

Unit ID# 001

606

Facility ID# CAD008391427

1

Page of

1. Aqueous wastes, hazardous solely due to inorganic constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 1,400 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using: 618
- ☒ a. Phase separation, including precipitation, by filtration, centrifugation, or gravity settling, including the use of demulsifiers and flocculants.
- ☐ b. Ion exchange, including metallic replacement
- ☐ c. Reverse osmosis
- ☐ d. Adsorption
- ☐ e. pH adjustment of aqueous waste with a pH of between 2.0 and 12.5
- ☐ f. Electrowinning of solutions, unless those solutions contain hydrochloric acid
- ☒ g. Reduction of solutions hazardous solely due to hexavalent chromium, to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous chloride, ferrous sulfate, ferrous sulfide, or sulfur dioxide. The solution contains less than 750 ppm of hexavalent chromium.
2. Aqueous wastes, hazardous solely due to organic constituents listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (2)(B) and which contain less than 750 ppm total of these constituents. (There is no volume limit for this wastestream.) Treatment using:
- ☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Adsorption
3. Sludges resulting from wastewater treatment, dusts, solid metal objects, and metal workings which are hazardous solely due to the presence of constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which, for dusts only, contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:
- ☐ a. Physical processes which constitute treatment only because they change the physical properties of the waste, such as filtration, centrifugation, gravity settling, grinding, shredding, crushing, or compacting.
- ☐ b. Drying to remove water.
- ☐ c. Separation based on differences in physical properties, such as size, magnetism, or density.
4. Alum, gypsum, lime, sulfur, or phosphate sludges. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:
- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.
5. Special wastes listed in Title 22, CCR, Section 66261.120 that meet the criteria in Title 22, CCR, Section 66261.122 which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:
- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.
- ☐ c. Screening to separate components based on size.
- ☐ d. Separation based on differences in physical properties, such as size, magnetism, or density.
6. Special wastes classified under Title 22, CCR, Section 66261.124 as special wastes, except asbestos, which is hazardous solely due to the constituents, except asbestos, listed in Title 22, CCR, Section 66261.24(a)(1)(B) or (a)(2)(A) and which contain less than 750 ppm total of these constituents. The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:
- ☐ a. Drying to remove water.
- ☐ b. Phase separation by filtration, centrifugation, or gravity settling.
- ☐ c. Magnetic separation
7. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2)(A). The monthly volume treated in this unit does not exceed 5,000 gallons or 45,000 pounds. Treatment using:
- ☐ a. Screening to separate components based on size.
- ☐ b. Magnetic separation.
8. Oil mixed with water and oil/water separation sludges. (There is no volume limit for this wastestream.) Treatment using: (NOTE: Some used oil/water separation is allowed under the CEL category.)
- ☐ a. Phase separation by filtration, centrifugation, or gravity settling, but excluding super critical fluid extraction, including the use of demulsifiers and flocculants. Heat can be used, but must not exceed 160 degrees Fahrenheit.
- ☐ b. Separation based on differences in physical properties, such as size, magnetism, or density.
- ☐ c. Reverse osmosis.
9. Neutralization of acidic or alkaline wastes, hazardous solely due to corrosivity, or toxic only from the acid or caustic material, in elementary neutralization units. (There is no volume limit for this wastestream.)
- ☐ a. The waste contains less than 10 percent acid or base constituents by weight. There is no volume limit for this category.
- ☐ b. The waste contains 10 percent or more acid or base constituents by weight and is treated in batches that do not exceed 500 gallons at one time.
10. Not in use/exempted—formerly recovery of silver from photofinishing.
11. Not in use/sunsetted—formerly treatment of spent cleaners and conditioners which are hazardous solely due to copper or copper compounds. Treatment of this wastestream is no longer allowed under Conditional Authorization as of January 1, 1998. Treatment of this wastestream now requires authorization under either Permit by Rule or, if the total volume treated is less than 55 gallons per month, under Conditionally Exempt Small Quantity Treatment.
12. A wastestream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Conditional Authorization.

Certified Technology Number

Waste and Treatment Process Combinations

The Waste and Treatment Process Combinations pages list those waste and treatment combinations certified by DTSC pursuant to HSC §25200.1.5 for authorization under CE, CA, and PBR tiers. Each page is specific to a tier, with each tier specific page listing the wastes and treatment processes eligible under that tier. Note that some of the categories have volume or concentration restrictions that must be met in order to qualify for that tier. Additionally, some of the wastes refer to 22 CCR and others to the Health and Safety Code.

Complete one Waste and Treatment Process Combinations page for each unit, except CE-CL units.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.)

Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

606. UNIT ID NUMBER - Enter the unit ID number (same as item 606 from the Onsite Hazardous Waste Treatment Notification - Unit page).

1. FACILITY ID NUMBER - Leave this blank. This number is assigned by the CUPA. This is the unique number which identifies your facility.

627. WASTE AND TREATMENT PROCESS COMBINATIONS - CESQT	Use the correct page for the unit. Check the waste and treatment process(es) that pertain to the unit. If the process is a technology certified by DTSC, please enter the Certified Technology Number (Cert. #). Certified technologies appropriate for authorization, and the eligible tiers, are listed below.
628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW	
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA	
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR	
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL	

Note that reactive and extremely hazardous wastes are not allowed to be treated under any of the onsite treatment tiers, except for certain wastes under Conditionally Exempt - Specified Wastestreams.

CERTIFIED TECHNOLOGIES

DTSC is authorized to certify hazardous waste technologies. Appropriate certified technologies may be eligible for CE, CA or PBR onsite treatment tiers. As of April 1, 1999, there is one certified technology for these tiers. The certification is for aldehyde treatment processes and is eligible for the CESW tier. The approved technology is:

Neutralex	SCIGEN
Cert. #. 97-01-0024	333 East Gardena Blvd. Gardena, CA 90248
Effective Date:	June 29, 1997 (expires June 29, 2000)
Description:	Batch treatment for 10 percent Formalin generated by medical, educational, and laboratory facilities. Chemically treats in a provided 8 liter vessel. After testing, allows for disposal to sanitary sewer.
Tier:	Authorized for the CESW tier.

A copy of published Certification Statements and additional updates may be obtained by contacting DTSC at (916) 322-3670 or from the Cal/EPA on-line Bulletin Board via modem at (916) 322-5041.

UNIFIED PROGRAM CONSOLIDATED FORM
ONSITE TIERED PERMITTING

PERMIT BY RULE PAGE

WASTE AND TREATMENT PROCESS COMBINATIONS

(one page per treatment unit - check all that apply))

Unit ID# 001

606

Facility ID# CAD008391427

1

Page of 630

1. Aqueous waste containing hexavalent chromium may be treated by the following process:
- ☒ a. Reduction of hexavalent chromium to trivalent chromium with sodium bisulfite, sodium metabisulfite, sodium thiosulfate, ferrous sulfate, ferrous sulfide or sulfur dioxide provided both pH and addition of the reducing agent are automatically controlled.
2. Aqueous wastes containing metals listed in Title 22, CCR, Section 66261.24 (a)(2) and/or fluoride salts may be treated by the following technologies:
- ☐ a. pH adjustment or neutralization
- ☐ b. Precipitation or crystallization
- ☐ c. Phase separation by filtration, centrifugation, or gravity settling
- ☐ d. Ion exchange
- ☐ e. Reverse osmosis
- ☐ f. Metallic replacement
- ☐ g. Plating the metal onto an electrode.
- ☐ h. Electrodialysis.
- ☐ i. Electrowinning or electrolytic recovery.
- ☐ j. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ k. Evaporation.
- ☐ l. Adsorption.
3. Aqueous wastes with total organic carbon less than 10% as measured by EPA Method 9060 and less than 1% total volatile organic compounds as measured by EPA Method 8240 may be treated by the following technologies:
- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Adsorption.
- ☐ c. Distillation.
- ☐ d. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
- ☐ e. Photodegradation using ultraviolet light, with or without the addition of hydrogen peroxide or ozone, provided the treatment is conducted in an enclosed system.
- ☐ f. Air stripping or steam stripping.
4. Sludges, dusts, solid metal objects and metal workings which contain or are contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2) and/or fluoride salts may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Physical processes which change only the physical properties of the waste such as grinding, shredding, crushing, or compacting.
- ☐ c. Drying to remove water.
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.
5. Alum, gypsum, lime, sulfur or phosphate sludges may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
6. Wastes identified in Title 22, CCR, Section 66261.120, that meet the criteria and requirements for special waste classification in Section 66261.122 may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Screening to separate components based on size.
- ☐ e. Separation based on differences in physical properties such as size, magnetism or density.
7. Wastes, except asbestos, which have been classified by the Department as special wastes pursuant to Title 22, CCR, Section 66261.124, may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Drying to remove water.
- ☐ c. Phase separation by filtration, centrifugation or gravity settling.
- ☐ d. Magnetic separation.
8. Inorganic acid or alkaline wastes may be treated by the following technology:
- ☐ a. pH adjustment or neutralization.
9. Soils contaminated with metals listed in Title 22, CCR, Section 66261.24(a)(2), (Persistent and Bioaccumulative Toxic Substances) may be treated by the following technologies:
- ☐ a. Chemical stabilization using silicates and/or cementitious types of reactions.
- ☐ b. Screening to separate components based on size.
- ☐ c. Magnetic separation.
10. Used oil, unrefined oil waste, mixed oil, oil mixed with water and oil/water separation sludges may be treated by the following technologies:
- ☐ a. Phase separation by filtration, centrifugation or gravity settling, but excluding super critical fluid extraction.
- ☐ b. Distillation.
- ☐ c. Neutralization
- ☐ d. Separation based on differences in physical properties such as size, magnetism or density.
- ☐ e. Reverse osmosis.
- ☐ f. Biological processes conducted in tanks or containers and utilizing naturally occurring microorganisms.
11. Containers of 110 gallons or less capacity which are not constructed of wood, paper, cardboard, fabric or any other similar absorptive material, which have been emptied as specified in Title 40 of the Code of Federal Regulations, Section 261.7 or inner liners removed from empty containers that once held hazardous waste or hazardous material and which are not excluded from regulation may be treated by the following technologies provided the treated containers and rinseate are managed in compliance with applicable requirements.
- ☐ a. Rinsing with a suitable liquid capable of dissolving or removing the hazardous constituents which the container held.
- ☐ b. Physical processes such as crushing, shredding, grinding or puncturing, that change only the physical properties of the container or inner liner, provided the container or inner liner is first rinsed and the rinseate is removed from the container or inner liner.
12. Multi-component resins may be treated by the following process:
- ☐ a. Mixing the resin components in accordance with the manufacturer's instructions.
13. A waste stream technology combination certified by the Department pursuant to Section 25200.1.5 of the Health and Safety Code as appropriate for authorization under Permit by Rule.

Certified Technology Number

Waste and Treatment Process Combinations

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628. WASTE AND TREATMENT PROCESS COMBINATIONS - CESW
629. WASTE AND TREATMENT PROCESS COMBINATIONS - CA
630. WASTE AND TREATMENT PROCESS COMBINATIONS - PBR
631. WASTE AND TREATMENT PROCESS COMBINATIONS - CEL

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	Gardena, CA 90248
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Tier:	Authorized for the CESW tier.

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certification, the owner/operator is not guaranteeing the technical adequacy of closure, but rather that the Closure Plan was carried out.

B. Professional Engineer Closure Certification

An independent registered professional engineer will certify that the treatment facility has been closed in accordance with the approved Closure Plan. The engineer will not be certifying the adequacy of the activities of the plan; he (she) is certifying only that in his (her) judgment, the activities performed were in accordance with the specifications in the Closure Plan.

VI. CLOSURE SCHEDULE AND COST ESTIMATE

Upon beginning of closure all wastewater that requires treatment will be treated per normal operating procedures that have been documented in another section of the permit application. The remaining wastewater that cannot be treated is estimated to be 100 gallons.

A. Wastewater Pretreatment Unit

1. Transfer 100 gallons of wastewater to drums and dispose as hazardous waste (1 week required)

a. Disposal Cost	2 tons @ \$450.00/ton	=	\$900
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2. Decontaminate equipment, containment area, and structure (2 weeks required)

a. Analytical Cost		=	\$400
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b. Labor	80 hours @ \$4.50/hour	=	\$360
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3. Dismantle the equipment and structure (4 weeks required)

a. Crane Rental	16 hours @ \$60.00/hour	=	\$960
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b. Labor	200 hours @ \$4.50/hour	=	\$900
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4. Disposal of equipment and structure (2 weeks required)

a. Disposal Cost (metal) (offset by the salvage value of steel)		=	\$0
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b. Disposal Cost	4 tons @ \$300.00/4 tons	=	\$300
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c. Engineering Fees	20 hours @ \$75.00/hour	=	\$1,500
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5. Permit fees (estimated) = \$500

B. Totals

1. Total time required to close FTUs is 9 weeks

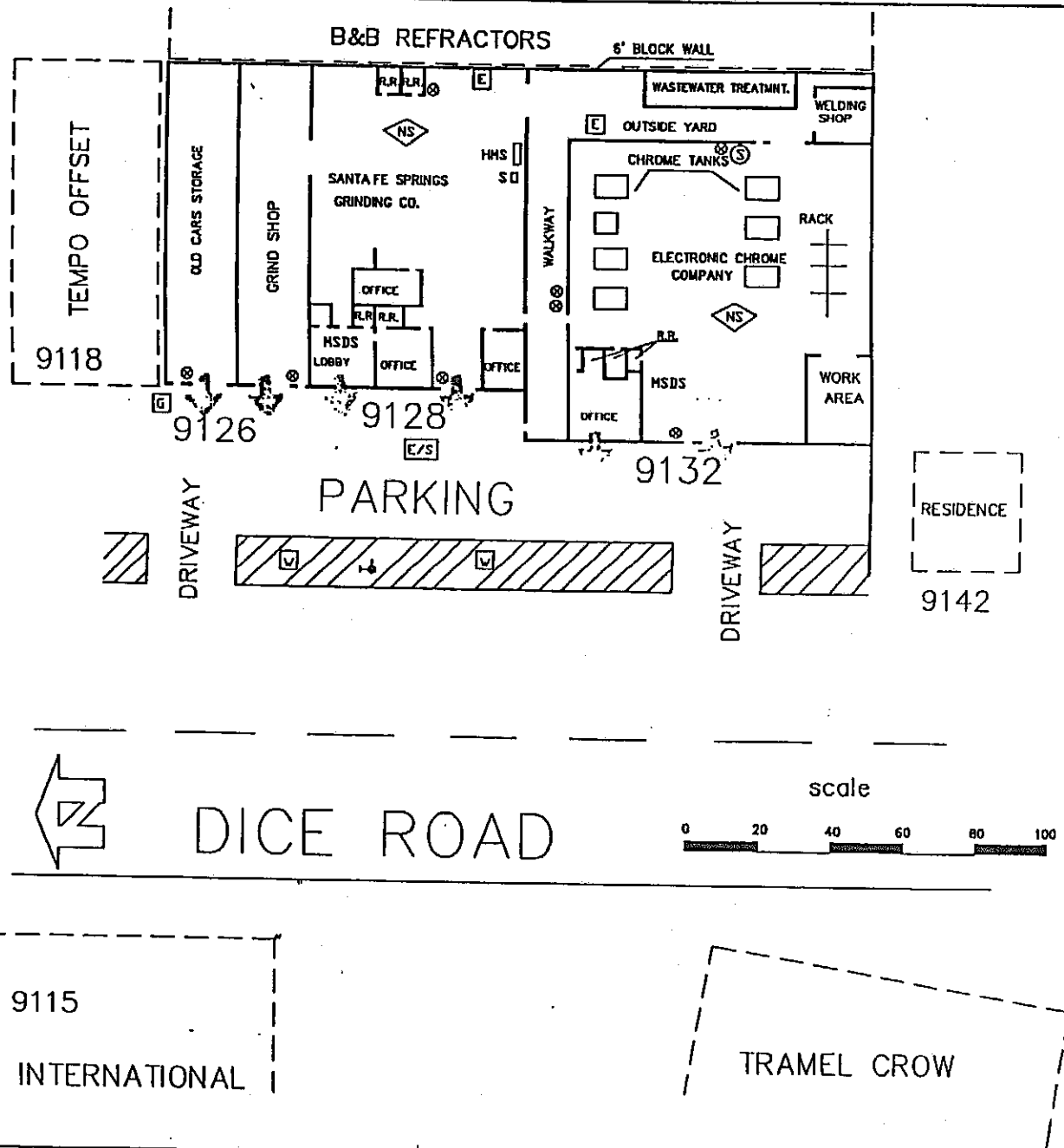
2. Cost to close FTUs = \$5,820

3. Contingency (at 20%) = \$1,164

4. Total cost = \$6,984

LEGEND

- FIRE HYDRANT
- FIRE EXTINGUISHER
- MSDS MSDS STORAGE AVAILABLE
- EVACUATION STAGING AREA
- ELECTRICAL SHUT-OFF
- WATER SHUT-OFF
- SAFETY SHOWERS - EYE WASH
- NON SPRINKLED BLDG.
- HMS HAZARDOUS MATERIAL STORAGE
- S O ORGANIC SOLVENT
- GAS SHUT-OFF



BAB-CAH CONSULTING
P.O. BOX 1001, SUITE 100, DALLAS, TX 75201
(214) 760-1000

SITE PLAN

ELECTRONIC CHROME &
GRINDING CO., INC.
9128, 9032 DICE RD.
SANTA FE SPRINGS, CA 90670

8/31/01

Scale

Author

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Notes